



FREQUENTLY ASKED QUESTIONS ABOUT RESUSCITATION DURING COVID-19 PANDEMIC

The Australian Resuscitation Council recognises the ethical dilemmas created by attempting to balance the needs of rescuers to avoid COVID-19 infection and potential negative impacts on the collapsed person caused by changes to the resuscitation process.

Members of the Australian Resuscitation Council have been involved in the international review of the science and have contributed to the consensus international (ILCOR) statements and recommendations which are republished below.

Q1 HOW SHOULD WE ASSESS UNCONSCIOUS PATIENTS DURING THE COVID-19 PANDEMIC?

Resuscitation guidelines around the world use the combination of unresponsiveness and not breathing normally to indicate cardiac arrest. Responsiveness is usually assessed by verbal and tactile stimuli ('talk and touch'). Breathing is usually assessed by opening the airway and looking, listening and feeling for breathing.

In the setting of COVID-19, we continue to suggest checking for responsiveness. When assessing breathing, look for breathing. Do not open the airway or place your face next to the victim's mouth / nose.

Call emergency services if the patient is unresponsive and not breathing normally.

Q2 ARE CHEST COMPRESSIONS AND CPR AEROSOL GENERATING PROCEDURES?

We suggest that chest compressions and cardiopulmonary resuscitation have the potential to generate aerosols (weak recommendation, very low certainty evidence).

Q3 HOW SHOULD THIS IMPACT THE PERFORMANCE OF CPR DURING THE COVID-19 PANDEMIC?

We suggest that in the current COVID-19 pandemic lay rescuers consider compressions and public-access defibrillation (good practice statement).

We suggest that in the current COVID-19 pandemic, lay rescuers who are willing, trained and able to do so, consider providing rescue breaths to infants and children in addition to chest compressions (good practice statement).

We suggest that in the current COVID-19 pandemic, healthcare professionals should use personal protective equipment for aerosol generating procedures during resuscitation (weak recommendation, very low certainty evidence).

When considering the requirements for personal protective equipment for resuscitation during the COVID pandemic, the local community prevalence and level of community transmission should be considered. Standard precautions* are considered adequate for the performance of resuscitation on patients who are neither confirmed nor suspected cases of COVID-19.

*follow regional health authority or organisational guidelines.

Q4 HOW SHOULD THE COVID-19 PANDEMIC IMPACT THE PERFORMANCE OF DEFIBRILLATION?

Early defibrillation by bystanders before EMS arrival provides the adult patient with the best chances of survival. Early restoration of spontaneous circulation through defibrillation of adults by bystanders will reduce the severity of brain injury and potentially reduce the likelihood that the person will require admission to critical care.

Our systematic review did not identify evidence that defibrillation either does or does not generate aerosols. If it occurs, the duration of the aerosol generating process would be brief. Furthermore, the use of adhesive pads means that defibrillation can be delivered without direct contact between the defibrillator operator and patient.

In the COVID-19 context, ILCOR continues to recommend the use of public access defibrillation to optimise outcomes from OHCA.

We suggest it may be reasonable for healthcare providers to consider defibrillation before donning personal protective equipment for aerosol generating procedures in situations where the provider assesses the benefits may exceed the risks (good practice statement).

Planning treatment goals and resuscitation strategies to minimise delays should be considered in advance for all patients where feasible.

REFERENCES

1. Couper K, Taylor-Phillips S, Grove A, Freeman K, Osokogu O, Court R, Mehrabian A, Morley PT, Nolan JP, Soar J, Perkins GD. COVID-19 in cardiac arrest and infection risk to rescuers: a systematic review. *Resuscitation*. 2020 Apr 20. [https://www.resuscitationjournal.com/article/S0300-9572\(20\)30159-3/pdf](https://www.resuscitationjournal.com/article/S0300-9572(20)30159-3/pdf)
2. Perkins GD, Morley PT, Nolan JP, Soar J, Berg K, Olasveengen T, Wyckoff M, Greif R, Singletary N, Castren M, de Caen A. International Liaison Committee on Resuscitation: COVID-19 Consensus on Science, Treatment Recommendations and Task Force Insights. *Resuscitation*. 2020 May 1. [https://www.resuscitationjournal.com/article/S0300-9572\(20\)30173-8/pdf](https://www.resuscitationjournal.com/article/S0300-9572(20)30173-8/pdf)
3. International Liaison Committee on Resuscitation: COVID-19 Practical Guidance for Implementation. <https://www.ilcor.org/covid-19>